CLAIMS

1. A minimally invasive surgical method, comprising:

forming an incision through tissue located adjacent to a vertebra in a patient's spinal column;

identifying a muscle plane;

inserting a substantially planar blunt tip of a tool through the incision while manipulating the blunt tip along the muscle plane extending between the incision and the vertebra to separate the muscles.

- The method of claim 1, wherein the longissimus thoracis and multifidus muscles are separated.
- The method of claim 1, wherein the incision is a minimally invasive percutaneous incision.
- 4. The method of claim 1, further comprising inserting a guide wire through a lumen extending through the tool.
- The method of claim 4, wherein the guide wire extends into the vertebra.

- The method of claim 4, further comprising removing the tool from the guide wire such that the guide wire extends between the incision and the vertebra.
- The method of claim 6, further comprising delivering a spinal anchor along the guide wire and implanting the spinal anchor in the vertebra.
- The method of claim 6, further comprising inserting a plurality of dilators over the guide wire to dilate tissue surrounding the guide wire.
- The method of claim 8, further comprising inserting a cannula over the plurality of dilators and removing the dilators.
- The method of claim 9, further comprising delivering a spinal anchor through the cannula.
- 11. A minimally invasive surgical method, comprising: making a first incision in a patient; inserting a blunt tip of a tool through the first incision and manipulating the blunt tip to create a first pathway from the first incision, between a muscle plane, to a first

site on a first vertebral body;

advancing a guide wire through the tool to position a distal end of the guide wire adjacent the first site.

- 12. The method of claim 11, further comprising removing the tool and advancing a first implant along the guide wire to the first site on the first vertebral body.
- 13. The method of claim 12, further comprising placing a fixation element through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway, and coupling a portion of the fixation element to the first anchor.
- 14. The method of claim 11, further comprising:

making a second incision in a patient;

inserting a blunt tip of a tool through the second incision and manipulating the tool to create a second pathway from the second incision, between a muscle plane, to a second site on a second vertebral body; and

advancing a guide wire through the tool to position a distal end of the guide wire adjacent to the second site.

- 15. The method of claim 14, further comprising removing the tool and advancing a second implant along the second pathway to the second site on the second vertebral body.
- 16. The method of claim 15, further comprising placing a fixation element through the first pathway and coupling a portion of the fixation element to the first and second implants.
- 17. The method of claim 16, wherein the fixation element is inserted through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway.
- 18. A dissection tool for separating muscles, comprising: a rigid elongate tube adapted for percutaneous delivery and including a proximal handle and a distal end; a lumen extending between the proximal and distal ends of the tube and sized to receive a guide wire; and a blunt member formed on the distal end of the tool and configured to separate muscles along a muscle plane while

minimizing trauma to the muscles.

- The dissection tool of claim 18, wherein the blunt member comprises a generally planar rectangular-shaped member.
- 20. The dissection tool of claim 19, wherein the blunt member includes opposed substantially planar surfaces, and wherein a width between the surfaces decreases in a distal direction.

21. A medical device kit, comprising:

a tissue dissection tool have a blunt member formed on a distal end thereof and adapted to separate muscles along a muscle plane while minimizing trauma to the muscles, the tissue dissection tool including a lumen extending therethrough;

at least one guide wire adapted to be disposed through the lumen in the tissue dissection tool; and

at least one spinal anchor adapted to be implanted in a vertebral body.

22. The kit of claim 21, further comprising at least one cannula adapted to provide a pathway from a tissue surface to a vertebral body for delivering a spinal anchor to the vertebral body.

- 23. The kit of claim 22, further comprising at least one spinal fixation element adapted to couple to and extend between at least two spinal anchors.
- 24. The kit of claim 21, wherein the at least one spinal anchor comprises a bone screw having a rod-receiving head formed thereon.